

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/647801 FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1		1	
2	1			X		
3	1		1	1	1	1
4	1		1		1	
5	1	2		4		1
6	1			X		
7	1			X		
8	1			X		
9		①		X		
10		③		4		4
11		③		X		4
12		③		4		4
13		③		4		4
14		③		4		4
15		③		4		4
16		③		4		4
17	1			X		
18		①		1		1
19		①		1		1
20		①		1		1
21		2		1		1
22		①		1		1
23		①		X		
24		①		X		
25		①		X		
26		①		X		
27		①		X		
28		①		X		
29				1		1
30				1		1
31				1		1
32				1		1
33				1		1
34				1		1
35				1		1
36				1		1
37				1		1
38				1		1
39				1		1
40				1		1
41				1		1
42				1		1
43				1		1
44				1		1
45				1		1
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
TOTAL IND.	4		2			
TOTAL DEP.	24		54			
TOTAL CLAIMS	32		56			

  

51						1
52						1
53						1
54						1
55						1
56						1
57						1
58						1
59						1
60						1
61						1
62						1
63						1
64						1
65						1
66						1
67						1
68						1
69						1
70		3				1
71		1				1
72						1
73						1
74						1
75						1
76						1
77						1
78						1
79						1
80						1
81						1
82						1
83						1
84						1
85						1
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						2
TOTAL DEP.						35
TOTAL CLAIMS						37